

TOTAL NUMBER OF
VEHICLES INVOLVED **2**STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH **01152015** TIME (0000) **0806** DISTRICT/ZONE **04/01** TROOP **01** LAT. **30.20903**° LONG. **91.99904**°

PARISH **LAFAYETTE** PARISH CODE **28** CITY OR TOWN **LAFAYETTE** CITY CODE **4**

Quadrant: NW ☐ SW ☐ N ☐ E ☐
NE ☐ SE ☐ S ☐ W ☐

Service Road: 15-14816

CRASH OCCURRED ON:
A. INTERSTATE
B. U.S. HWY
C. STATE HWY
D. PARISH ROAD
E. CITY STREET
F. OFF ROAD/
PRIVATE PROPERTY
G. TOLL ROAD
B

HIGHWAY # **90** MILEPOST **109.5** ROADWAY NAME **1500 SE EVANGELINE**

DISTANCE **30** MILES ☐ S N E **2100** STREET/HIGHWAY ☐ AT INTERSECTION ☒ NOT AT INTERSECTION
FEET ☒ S S W

DISTANCE **0** MILES ☐ N E STREET/HIGHWAY ☐ AT INTERSECTION ☐ NOT AT INTERSECTION
FEET ☐ S W

WORK ZONE ☐ HIT & RUN ☐
PUBLIC PROPERTY DAMAGE ☐ PHOTOS MADE ☐
RR TRAIN INVOLVED ☐ FATALITY ☐
PED ☐ INJURY ☐

WRITE APPROPRIATE LETTER IN BLOCK

ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS	TYPE OF ROADWAY	ALIGNMENT	PRIMARY FACTOR
B	A	A	C	A	A
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN Z. OTHER	A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN Z. OTHER	A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE Y. UNKNOWN Z. OTHER	A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS
WEATHER		KIND OF LOCATION	RELATION TO ROADWAY	ACCESS CONTROL	LIGHTING
C		A	A	A	A
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIR F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER		A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER	A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER	A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER

VEHICLE CONFIGURATION							CARGO BODY TYPE				
A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER	
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK/ TRAILER	R TRUCK DOUBLE	V MOTOR HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K POLE TRAILER	
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER	C CARGO TANK	F CONCRETE MIXER	I GARBAGE/ REFUSE	X NO CARGO BODY	
										Z OTHER	

EMERGENCY SERVICES: AMBULANCE ☐ TIME CALLED **0806** ARRIVED SCENE **0816** DEPARTED SCENE **0816** ARRIVED HOSPITAL **0816** RESCUE UNIT ☐

AMBULANCE SERVICE: _____ FIRE DEPARTMENT: _____

INVESTIGATING AGENCY: **LAFAYETTE CITY POLICE** NAME OF AGENCY: _____ TIME OF NOTIFICATION: **0806** TIME OF ARRIVAL: **0816** TIME ALL LANES OPENED: **0816**

INVESTIGATION COMPLETE: ☒ INVESTIGATING POLICE AGENCY: **B** A. STATE B. CITY C. PARISH Z. OTHER DATE REPORT COMPLETED: **01152015**

INVESTIGATING OFFICER'S NAME (PRINT)

SIGNATURE

BADGE #

SUPERVISOR'S INITIALS OR BADGE #

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

15-14816

<input checked="" type="checkbox"/> VEH #		OR		<input type="checkbox"/> PEDESTRIAN			
CONF	CARGO BODY TYPE	YEAR	MAKE	MODEL	# DOORS	# AXLES	# TIRES
A	X see page 1 for selections	2002	TOYOTA	AVALON	4	2	4
V.I.N.		VEHICLE TOWED		REMOVED BY DRIVER			
YEAR		STATE	NUMBER	TYPE	GVWR/GCWR		
2016		LA		PRIVATE	0		
TRAILER DESCRIPTION		YEAR	MAKE	TYPE	YEAR	STATE	NUMBER
0							
VEHICLE CLASSIFICATION		COMMERCIAL/BUSINESS VEHICLE		GOVERNMENT VEHICLE		PERSONAL VEHICLE	
		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

US DOT # _____

CARRIER NAME _____ MC/MX ("ICC") # _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

INTERSTATE CARRIER Y/N ☐ TRANSPORTING HAZARDOUS MATERIAL Y/N ☐ CLASS _____ ID# _____ PLACARDS DISPLAYED Y/N ☐ HAZ MAT RELEASED Y/N ☐

NAME (LAST, FIRST, MI) OF ☒ DRIVER ☐ PEDESTRIAN

STREET ADDRESS _____ TELEPHONE # _____

CITY C A D E STATE L A ZIP 70519

DATE OF BIRTH _____

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

L A E _____

INSTRUCTED TO EXCHANGE INFORMATION? Y/N ☐ NAME OF FACILITY _____

TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN ☒

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT ☐ DARK ☐ LOWER BODY CLOTHING LIGHT ☐ DARK ☐ SEX ☐ RACE ☐ AGE ☐ INJURY CODE ☐

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)

☒ Same as Driver

STREET ADDRESS _____ TELEPHONE # _____

CITY C A D E STATE L A ZIP 70519

INSURANCE CO. NAME SHELTER INS (NOT AGENCY NAME) POLICY NUMBER _____ EXPIRATION DATE 02052015

AGENT'S NAME/ADDRESS _____ PHONE # _____

CODES						
SEATING POSITION		EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A-NOT EJECTED	A-NOT TRAPPED	A-DEPLOYED	A-NONE USED-VEHICLE OCCUPANT	A-FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B-TOTALLY EJECTED	B-TRAPPED/EXTRICATED	B-NON DEPLOYED	B-SHOULDER BELT ONLY USED	B-INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C-PARTIALLY EJECTED	C-TRAPPED/NOT EXTRICATED	C-NON-DEPLOYED/SWITCH OFF	C-LAP BELT ONLY USED	C-NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M- PASSENGER ON TRAIN OR STREETCAR	Y- UNKNOWN	Y- UNKNOWN	D-NOT APPLICABLE	D-SHOULDER AND LAP BELT USED	D-POSSIBLE/ COMPLAINT
E - SECOND SEAT-MIDDLE	N- TRAILING UNIT			Y- UNKNOWN	E- CHILD SAFETY SEAT IMPROPERLY USED	E- NO INJURY
F - SECOND SEAT-RIGHT SIDE	O- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F- CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y- UNKNOWN				G-HELMET USED	
H - THIRD ROW-MIDDLE					Y- RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE						

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

15-14816

VISION OBSCUREMENTS N A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILL/CREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER	CONDITION OF DRIVER/PED A A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER	SEQUENCE OF EVENTS/HARMFUL EVENTS NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON- FIXED OBJECT O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC SUPPORT II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN 1st S 2nd 3rd 4th MOST HARMFUL EVENT S
VIOLATION Y A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MAKE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER	DRIVER DISTRACTION E A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN REASON FOR MOVEMENT P A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER	MOVEMENT PRIOR TO CRASH B A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN
TRAFFIC CONTROL R A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER	PEDESTRIAN ACTIONS A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER	VEHICLE CONDITION K A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER VEHICLE LIGHTING C A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN TRAFFIC CONTROL CONDITIONS A A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN ALCOHOL/DRUG INVOLVEMENT ALCOHOL/DRUGS SUSPECTED..... A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC g% DRUGS..... A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFFIX BLOOD ALCOHOL KIT LABEL HERE _____ (OR ENTER BLOOD ALCOHOL KIT NUMBER) </div>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
N	SE	MOVED	UNK	UNK	45	0	0	0	0

DAMAGE TO VEHICLE	
AREA DAMAGED N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN	EXTENT OF DEFORMITY A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN 1ST C 2ND 3RD

CITATION NO

VEH. PED.

R.S. OR ORD. NO

NOTICE OF INSURANCE VIOLATION ☐

INVESTIGATING OFFICER'S INITIALS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

15-14816

<input checked="" type="checkbox"/> VEH #		OR		<input type="checkbox"/> PEDESTRIAN				
CONF	CARGO BODY TYPE	YEAR	MAKE	MODEL	# DOORS	# AXLES	# TIRES	
<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> X see page 1 for selections		UNK		0	0	0	
V.I.N.		VEHICLE TOWED		A. YES B. NO C. LEFT AT SCENE		REMOVED BY		
YEAR		STATE	NUMBER	TYPE	GVWR/GCWR			REASON TOWED
0					0			A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER
TRAILER DESCRIPTION		YEAR	MAKE	TYPE	YEAR	STATE	NUMBER	
0								
VEHICLE CLASSIFICATION		COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE				
COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.								
CARRIER NAME				US DOT #				
STREET ADDRESS:				MC/MX ("ICC") #				
CITY				STATE				
ZIP								
INTERSTATE CARRIER Y/N		TRANSPORTING HAZARDOUS MATERIAL Y/N		CLASS	ID#	PLACARDS DISPLAYED Y/N	HAZ MAT RELEASED Y/N	
NAME (LAST, FIRST, MI) OF		<input checked="" type="checkbox"/> DRIVER		<input type="checkbox"/> PEDESTRIAN		DATE OF BIRTH		
STREET ADDRESS		TELEPHONE #		POSITION		EJECTION		
CITY		STATE		ZIP		TRAP/EXTRICATED		
						AIR BAG		
STATE		CLASS		ENDORSEMENTS		OCC PROT SYS		
						SEX		
DRIVER'S LICENSE NUMBER		INSTRUCTED TO EXCHANGE INFORMATION?		NAME OF FACILITY		RACE		
		Y/N				AGE		
						INJURY		
PEDESTRIAN ONLY		UPPER BODY CLOTHING		LIGHT		DARK		
LOWER BODY CLOTHING		LIGHT		DARK		SEX		
						RACE		
						AGE		
						INJURY CODE		
OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)								
Same as Driver								
TELEPHONE #								
STREET ADDRESS								
CITY								
STATE								
ZIP								
INSURANCE CO. NAME								
UNK								
(NOT AGENCY NAME)								
POLICY NUMBER								
EXPIRATION DATE								
AGENT'S NAME/ADDRESS								
PHONE #								

CODES					
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT		Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN			G - HELMET USED	
H - THIRD ROW-MIDDLE				Y - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

15-14816

VISION OBSCUREMENTS Y A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILL/CREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER	CONDITION OF DRIVER/PED Y A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER	SEQUENCE OF EVENTS/HARMFUL EVENTS NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON- FIXED OBJECT O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC SUPPORT II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN <div style="text-align: right;"> 1st Y Y 2nd 3rd 4th MOST HARMFUL EVENT Y Y </div>
VIOLATION Y A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MAKE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER	DRIVER DISTRACTION Y A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN REASON FOR MOVEMENT Y A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER	MOVEMENT PRIOR TO CRASH Y A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN
TRAFFIC CONTROL Y A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER	PEDESTRIAN ACTIONS A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER	VEHICLE CONDITION Y A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER VEHICLE LIGHTING Y A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN TRAFFIC CONTROL CONDITIONS Y A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN
		ALCOHOL/DRUG INVOLVEMENT Y ALCOHOL/DRUGS SUSPECTED..... A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC <div style="text-align: right;"> 0 g% A </div> DRUGS..... A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFFIX BLOOD ALCOHOL KIT LABEL HERE _____ (OR ENTER BLOOD ALCOHOL KIT NUMBER) </div>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
N	SE	UNK	UNK	UNK	45	0	0	0	0

DAMAGE TO VEHICLE	
AREA DAMAGED N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN	EXTENT OF DEFORMITY A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN 1ST Y 2ND 3RD

CITATION NO

VEH. PED.

R.S. OR ORD. NO

NOTICE OF INSURANCE VIOLATION ☐

INVESTIGATING OFFICER'S INITIALS

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS.
INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER 15-14816

Vehicle #2 left scene prior to officers arrival.

Vehicle #1 moved prior to Officers arrival.

Driver #1 state that both vehicle were traveling north in the inside lane of travel on SE Evangeline Thruway attempting to make a left turn. Driver #1 advise the vehicle in front of her switched to the inside lane of travel and then she observed vehicle number one stopped in front of her. Driver #1 states that she was unable to switch lanes thus causing the front of her vehicle to collide with the rear of vehicle #2. Driver #1 states driver #2 exit his vehicle to view the damages. Driver #2 then stated that he did not have any damages and he would be late for work and that he did not need an accident report. Driver #2 then returned to his vehicle and left the scene.

Driver #1 reports no injuries at the scene and she provided this officer with a written statement of the event.

